## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 14, 2006 08:00 AM Secretary of State **DOCUMENT # P96000037479** 1. Entity Name ROBERT W. SCHULZ, INC. Principal Place of Business Malling Address 17330 W CARNEGIE #206 17330 W CARNEGIE #206 FT. MYERS, FL 33912 US FT. MYERS, FL 33912 04112008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0661143 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SCHULZ, ROBERT W DO NOT WRITE 17330 W CARNEGIE #206 FT, MYERS, FL 33912 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE INOTE, Registered Agent signature required when reinsteting Signature, typed or priviled name of registered agent and title if applicable DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 П Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS RITLE SCHULZ, ROBERT W NAME 17330 W CARNEGIE #206 STREET ADDRESS CITY-ST-ZIP FT. MYERS, FL 717CF NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE WLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP Tatle NAME STREET ADDRESS

12. I hereby certify that the information supplied with this litting does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under path; that I am an officer or director of the corporation or the ecciver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

4-10-06 239-267-5834
Day 100-06

**FILED**